								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997								097035						
CLAIMS AS FILED - PART I								SMALL ENTITY				OTHER THAN OR SMALL ENTITY		
(Column 1) (Column 1)								TYP			OR [RATE		
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA			RATE		FEE		RAIE	FEE	
BASIC	FEE								3	95.00	OR	* 7 . 2 . 3	790.00	
TOTA	L CLAIMS		20 minus 20 =			*			x\$11=		OR	x\$22=		
INDE	PENDENT CLA	ims 2	minu		*			x41=			OR	x82=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	790			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	本の主ない。	CLAIMS REMAINING AFTER AMENDMENT	· · · · · · · · · · · · · · · · · · ·	NU PRE\	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	• 15	Minus	**	20	=		x\$11=	-		OR	x\$22=		
	Independent	. 2	Minus	***	3_	=		x41=			OR	x82=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	=		OR	+270=	,	
	(Column 1) (Column 2) (Column 3)							TOTAL ADDIT. FEE			OR ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	7 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 16	Minus	** 0	20	=		x\$11:	=		OR	x\$22=		
	Independent	• 3	Minus	***	3	=		x41=			OR	x82=		
∠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=		
	(Column 1) (Column 2) (Column 3)							TOTAL ADDIT. FEE			OR ADDIT. FEE			
ENTC	The state of the s	CLAIMS REMAINING AFTER AMENDMENT		HIC NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total	. /3	Minus	**	20			x\$11:	=		OR	x\$22=		
AMENDMENT	Independent	• 3	Minus	***	3	=		x41=			OR	x82=		
Ιď							1				1			

+135=

+270=

OR ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

FORM PTO-875 (Rev. 8/97)